



Religious Accommodation Request Form

If you are requesting an alternate test date for religious reasons, submit this form along with supporting documentation to CPS Human Resource Services by the registration deadline of the exam you wish to take. Any requests received after this date will not be considered. This form and supporting documentation must be submitted each time the candidate requests to take the exam and receive an accommodation for religious convictions. The exam for approved candidates will be held *after* the regularly scheduled exam.

Name _____
Last First Middle Initial

Mailing address: _____
Street Apt. #

City State Zip Code Country

Contact Information: _____
Daytime Phone Number E-mail address

Social Security Number: _____

Exam name & location: _____
Exam Name Exam location (City, State)

Exam date: _____ / _____
Month Year

Have you taken this exam previously? ☐ Yes ☐ No

If yes, were you provided with special accommodations? ☐ Yes ☐ No

Supporting documentation must be on *official letterhead* from your religious organization and be *signed and dated by the cleric within the last year*. Supporting documentation must be included with your request form.

Candidate's Signature Date

Return this form and supporting documentation by the deadline to:

CPS Human Resource Services
Attn: SIA
241 Lathrop Way
Sacramento, Ca. 95815